Dear Applicant:

Thank you for inquiring about a position in the Knox County Schools. If you are interested in being a substitute teacher's aide for school year 2018-19, we will need the following information:

1. An Educational Aide Permit -- To apply for an Educational Aide Permit, go to: www.education.ohio.gov
   The $25.00 fee for the Permit will be paid online by either electronic check or credit card.

2. A copy of your high school diploma or college transcript.

3. A completed Employment Eligibility Verification Form (see enclosed). Please complete the top half of this form and bring it along with the documentation requested on the lower half of the form to the Knox County Office. (Note: A drivers' license and a social security card are the two most common sources for this documentation.)

4. House Bill 190 requires that Educational Service Centers request criminal records checks for all applicants for employment. The records checks must include both BCII and FBI records. The cost for the records checks is $60.00. (The Knox County Educational Service Center offers this service week days from 8:00 - 3:00.)

5. Statement Regarding Criminal Record -- (See enclosed.) Please complete the two-page form (front and back).

6. Declaration Regarding Material Assistance/Nonassistance to a Terrorist Organization Form

7. Fraud Reporting-System Information Form

At any time during the school year you are no longer available to substitute, please notify the Carla at 393-6767. This will eliminate unnecessary calls being made to your home as well as save time for the person in charge of securing a substitute teacher's aide.

If you have any questions or concerns, please contact the Knox County Educational Service Center's office at 393-6767.
KNOX EDUCATIONAL SERVICE CENTER  
308 Martinsburg Road, Mount Vernon, OH 43050  
(740) 393-6767

Name ____________________________________________  

Address ____________________________________________  

City ___________________  State __________  Zip ________  

Phone Number ________________  E-Mail ____________________  

Have you lived consistently in Ohio for the past five years? ______  

Are you retired? _____ YES  _____ NO  

Are you receiving retirement from a public employment system? _____ YES  NO _____  

Have you ever been convicted of a felony? _____ YES  _____ NO  
If yes, please explain on a separate sheet of paper.  

EDUCATION  
Elementary ________________  High School ________________  College ____________________  

JOB EXPERIENCE  
Give your present or most recent job first, work back.  

<table>
<thead>
<tr>
<th>DATES</th>
<th>From Mo./Day/Yr.</th>
<th>To Mo./Day/Yr</th>
<th>Title of Position Held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present Or Last Name and Address of Employer __________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duties of Job ______________________________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATES</th>
<th>From Mo./Day/Yr.</th>
<th>To Mo./Day/Yr</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Present Or Last Name and Address of Employer __________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duties of Job ______________________________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

-OVER-
Give any additional information, or special qualifications you have for this position. We are particularly interested in any experience you have had working with school-age children.

Have you had experience using copy machines, audio-visual equipment or computers?

Yes____ No____

REFERENCES

List three (3) persons, other than relatives, who are familiar with your experiences and can vouch for your character.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

It is understood and agreed that Knox Educational Service Center may contact former employer(s) for verification of my employment history and the Ohio Bureau of Criminal Identification and Investigation (OBCII) for a background check and I hereby consent to such inquiries.

I understand that if I am employed prior to the District’s receipt of the OBCII report and verification of my work experience, my continued employment will be conditioned on: (1) satisfactory work experiences as verified by contracts with former employers; and (2) receipt of a report demonstrating that I am in compliance with the Educational Service Center’s rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions.

I further understand that falsification of any and all information on this application shall result in my being disqualified from employment or in my employment being terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation or employment should I fail to fulfill these conditions.

SIGNATURE

DATE
STATEMENT OF JOB APPLICANT REGARDING CRIMINAL RECORD  
(O.R.C. 3319.39)

I, ____________________________, have not been convicted of, or entered a guilty plea to, any of the following offenses OR ANY PRIOR OR EXISTING LAWS OF OHIO WHICH ARE SUBSTANTIALLY SIMILAR OR ANY PRIOR OR EXISTING LAWS OR ANOTHER STATE OR THE FEDERAL GOVERNMENT WHICH ARE SUBSTANTIALLY SIMILAR:

2903.01 Aggravated murder  
2903.02 Murder  
2903.03 Voluntary manslaughter  
2903.04 Involuntary manslaughter  
2903.11 Felonious assault  
2903.12 Aggravated assault  
2903.16 Failing to provide for a functionally impaired person  
2903.21 Aggravated menacing  
2905.01 Kidnapping  
2905.02 Abduction  
2905.04 Child stealing (former law)  
2905.05 Child enticement  
2907.02 Rape  
2907.03 Sexual battery  
2907.04 Corruption of a minor  
2907.05 Gross sexual imposition  
2907.06 Sexual imposition  
2907.07 Importuning  
2907.08 Voyeurism  
2907.09 Public indecency  
2907.12 Felonious sexual penetration  
2907.21 Compelling prostitution  
2907.22 Promoting prostitution  
2907.23 Procuring  
2907.25 Prostitution  
2907.31 Disseminating matter harmful to juveniles  
2907.32 Pandering obscenity  
2907.321 Pandering obscenity involving a minor  
2907.322 Pandering sexually oriented matter involving a minor  
2907.323 Illegal use of minor in nudity-oriented material or performance  
2911.01 Aggravated robbery  
2911.02 Robbery  
2911.11 Aggravated burglary  
2911.12 Burglary  
2919.12 Unlawful abortion  
2919.22 Endangering children  
2919.23 Interference with custody (child stealing)  
2919.24 Contributing to unruliness or delinquency of a child  
2919.25 Domestic violence  
2923.12 Carrying concealed weapons  
2923.13 Having weapons while under disability  
2923.161 Improperly discharging a firearm at or into a habitation or school  
2925.02 Corrupting another with drugs  
2925.03 Trafficking in drugs  
2925.04 Illegal manufacture of drugs or cultivation of marijuana  
2925.05 Funding of drug or marijuana trafficking  
2925.06 Illegal administration or distribution of anabolic steroids  
2925.11 Drug possession (other than minor offense)  
3716.11 Placing harmful objects in food or confection

OR

ANY FELONY, OR ANY OFFENSE OF VIOLENCE, THEFT OFFENSE, OR DRUG ABUSE OFFENSE, UNDER EITHER STATE LAW OR ANY SIMILAR MUNICIPAL ORDINANCE THAT IS NOT A MINOR MISDEMEANOR.

__________________________________________
(Signature of applicant)*

Date signed: ________________________________

*If you cannot sign this form for any reason please write an explanation on a separate page or discuss directly with the Superintendent.

OVER
ADDITIONAL QUESTIONS FOR APPLICANT

1. Have you ever been charged with one of the offenses listed on the preceding page, and subsequently been convicted of, or pleaded guilty or no contest to, a lesser offense based on the same incident?  
   _______ YES  _______ NO  If “YES”, please give details below:

2. Have you ever been convicted of, or pleaded guilty or no contest to, an ATTEMPTED version of any of the offenses listed on the preceding page?  _______ YES  _______ NO  
   If “YES”, please give details below:

3. Have you ever been subject to an investigation or child abuse conducted by a Children’s Service agency or a law enforcement agency:  _______YES  _______ NO  
   If “YES”, please give details below and indicate the results of the investigation:

   

   (Signature of Applicant)

   Date signed:   ____________________________
Dear Staff:

In 2003, then Auditor of State Betty Montgomery created the Auditor of State’s fraud hotline. The hotline was established as a way for all Ohioans to report potential fraud throughout government.

There is now new legislation that has a direct impact on all public employers. On the bill’s effective date, May 4, 2012, public offices, including public schools, must make their employees aware of the fraud-reporting system. The statute requires that an employer have all employees sign off that they have received the guidelines for reporting fraud. The guidelines for reporting fraud are on the bottom of this page. The letterhead form is what you sign and return to the Board Office as soon as possible.

This form will be kept for the auditor to review upon request.

Thank you for your help in this matter.

Sincerely,

Timm Mackley

The Ohio Auditor of State’s office maintains a system for the reporting of fraud, including misuse of public money by an official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll free number, the Auditor of State’s website, or through the United State mail.

**Auditor of State’s Fraud contact information:**

Telephone: 1-866-FRAUD OH (1-866-372-8364)

US Mail: Ohio Auditor of State’s office
Special Investigations Unit
88 East Broad Street
P.O. Box 1140
Columbus, Ohio 43215

Web: www.ohioauditor.gov
Acknowledgement of receipt
of Auditor of State fraud-reporting system information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below, you are acknowledging that the Knox County Educational Service Center provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud-reporting system.

I_________________ have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

PRINT NAME, TITLE AND DEPARTMENT

PLEASE SIGN NAME ______________________ DATE ___________________
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee’s E-mail Address</th>
<th>Employee’s Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See instructions)
☐ 3. A lawful permanent resident (Alien Registration Number: USCIS Number)
☐ 4. An alien authorized to work until (expiration date if applicable, mm/dd/yyyy)

Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

☐ 1. Alien Registration Number/USCIS Number
☐ 2. Form I-94 Admission Number
☐ 3. Foreign Passport Number

<table>
<thead>
<tr>
<th>Country of Issuance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Signature of Employee

Today’s Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator.
☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator

Today’s Date (mm/dd/yyyy)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employer Completes Next Page
## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents.”)

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M I</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

### List A

<table>
<thead>
<tr>
<th>Identity and Employment Authorization</th>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### List B

<table>
<thead>
<tr>
<th>Identity</th>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### List C

<table>
<thead>
<tr>
<th>Employment Authorization</th>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Information

OR Code - Sessions 2 & 3
Do Not Write in This Space

Certification: I attest under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee’s first day of employment (mm/dd/yyyy): ____________________________ (See instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Office Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name of Employer or Authorized Representative</th>
<th>First Name of Employer or Authorized Representative</th>
<th>Employer’s Business or Organization Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Douglas</td>
<td>Carla</td>
<td>Knox ESC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer’s Business or Organization Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>308 Martinsburg Road</td>
<td>Mount Vernon</td>
<td>OH</td>
<td>43050</td>
</tr>
</tbody>
</table>

## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

### A. New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

### B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. If the employee’s previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Documents that Establish Both Identity and Employment Authorization</strong></td>
<td><strong>Documents that Establish Identity</strong></td>
<td><strong>Documents that Establish Employment Authorization</strong></td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>4. Native American tribal document</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td><strong>For persons under age 18 who are unable to present a document listed above:</strong></td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.